



Traffic Crash Report

Local Report Number *

119-144

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

☐ Photos Taken
☐ OH-2 ☐ OH-1P
☐ OH-3 ☐ Other☐ PDO Under State Reportable Dollar Amount☐ Private Property

Reporting Agency NCIC *

08303

Reporting Agency Name *

Lebanon Police

Number of Units

02

Unit in error

98 - Animal
99 - Unknown

01

County *

83

City *

Lebanon

City, Village, Township *

Lebanon

Crash Date *

04282016

Time of Crash

1748

Day of Week

THU

Degrees / Minutes / Seconds Latitude

Longitude

Decimal Degrees

Latitude

39.420679

Longitude

-84.199748

Roadway Division

☒ Divided
☐ Undivided

Divided Lane Direction of Travel

S N - Northbound E - Eastbound
S - Southbound W - Westbound

Number of Thru Lanes

02

Road Types or Milepost ²AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way
AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace
BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - TrailLocation Route Type ¹

5R

Location Route Number

48

Loc Prefix

N, S, E, W

Location Road Name

Cook

Location Road Type ²

RD

Route Types ¹IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State Route

Distance From Reference

300

Dir From Ref

Miles Feet Yards

Reference Route Type ¹

M

Reference Route Number

48

Ref Prefix

N, S, E, W

Reference Name (Road, Milepost, House #)

Cook

Reference Road Type ²

RD

Reference Point Used
1 - Intersection
2 - Mile Post
3 - House Number

1

Crash Location

01

01 - Not an intersection

02 - Four-way Intersection

03 - T-Intersection

04 - Y-Intersection

05 - Traffic Circle/Roundabout

06 - Five-point, or more

07 - On Ramp

08 - Off Ramp

09 - Crossover

10 - Driveway/Alley Access

11 - Railway Grade Crossing

12 - Shared-Use Paths or Trails

99 - Unknown

☐ Intersection Related

1

Location of First Harmful Event

1 - On Roadway

2 - On Shoulder

3 - In Median

4 - On Roadside

5 - On Gore

6 - Outside Trafficway

9 - Unknown

Road Contour

1 - Straight Level
2 - Straight Grade
3 - Curve Level

4 - Curve Grade

9 - Unknown

Road Conditions

Primary

Secondary

02

01 - Dry

02 - Wet

03 - Snow

04 - Ice

05 - Sand, Mud, Dirt, Oil, Gravel

06 - Water (Standing, Moving)

07 - Slush

08 - Debris*

09 - Rut, Holes, Bumps, Uneven Pavement*

10 - Other

99 - Unknown

* Secondary Condition Only

Manner of Crash Collision/Impact

2 1 - Not Collision Between Two Motor Vehicles In Transport

2 - Rear-End

3 - Head-On

4 - Rear-to-Rear

5 - Backing

6 - Angle

7 - Sideswipe, Same Direction

8 - Sideswipe, Opposite Direction

9 - Unknown

Weather

1 - Clear
2 - Cloudy
3 - Fog, Smog, Smoke

4 - Rain

5 - Sleet, Hail

6 - Snow

7 - Severe Crosswinds

8 - Blowing Sand, Soil, Dirt, Snow

9 - Other/Unknown

Road Surface

2 1 - Concrete
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block

4 - Slag, Gravel, Stone

5 - Dirt

6 - Other

Light Conditions

Primary

Secondary

1 - Daylight

2 - Dawn

3 - Dusk

4 - Dark - Lighted Roadway

5 - Dark - Roadway Not Lighted

6 - Dark - Unknown Roadway Lighting

7 - Glare*

8 - Other

9 - Unknown

* Secondary Condition Only

☐ School Zone Related

1 - Yes, School Bus Directly Involved

2 - Yes, School Bus Indirectly Involved

School Bus Related

1 - Yes, School Bus Directly Involved

2 - Yes, School Bus Indirectly Involved

☐ Work Zone Related☐ Workers Present☐ Law Enforcement Present (Officer/Vehicle)☐ Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure

2 - Lane Shift/Crossover

3 - Work on Shoulder or Median

4 - Intermittent or Moving Work

5 - Other

Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign

2 - Advance Warning Area

3 - Transition Area

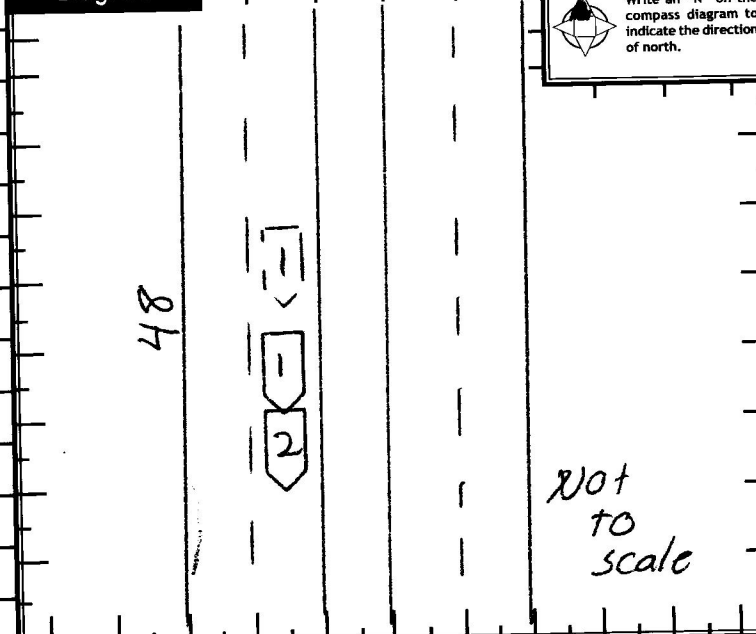
4 - Activity Area

5 - Termination Area

Narrative

Unit 2 stopped in traffic, Unit 1 was unable to keep a safe distance striking unit 2 in the rear.

Diagram



Not to scale

Report Taken By

☐ Police Agency☐ Motorist☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

04282016

Time Crash Reported

1748

Dispatch Time

1750

Arrival Time

1803

Time Cleared

1803

Other Investigation Time

10

Total Minutes

25

Officer's Name *

Morris

Officer's Badge Number

131

Checked By

RCh

Page of



UNIT

LOCAL REPORT NUMBER

16-144

UNIT NUMBER 01		OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Collins, Tina		OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		DAMAGE SCALE 2		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		LP STATE OH		LICENSE PLATE NUMBER FLW5232		VEHICLE IDENTIFICATION NUMBER 1FMYH04142K087391		# OCCUPANTS 01	
VEHICLE YEAR 2002		VEHICLE MAKE Ford		VEHICLE MODEL SW		VEHICLE COLOR Silver		1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY Allstate		POLICY NUMBER 926397443		TOWED BY		CARRIER PHONE - INCLUDE AREA CODE	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP		US DOT		VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.		CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL		TRAFFICWAY DESCRIPTION 3 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY	
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UNIT

LOCAL REPORT NUMBER

16-144

UNIT NUMBER 02		OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER PHONE NUMBER - INC. AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER		DAMAGE SCALE 2 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN		DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR			
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER		LP STATE OH		LICENSE PLATE NUMBER EMF2093		VEHICLE IDENTIFICATION NUMBER 2HGFA16807H303488		# OCCUPANTS 01			
VEHICLE YEAR 2007		VEHICLE MAKE Honda		VEHICLE MODEL 45		VEHICLE COLOR Silver		TOWED BY			
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>		INSURANCE COMPANY Metropolitan		POLICY NUMBER 9350117521		CARRIER NAME, ADDRESS, CITY, STATE, ZIP		CARRIER PHONE- INCLUDE AREA CODE			
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

116-144

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Collins, Alyssa	DATE OF BIRTH 01/25/1999	AGE 17	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP

1162 Poplar Hill Lebanon OH 45036

CONTACT PHONE- INCLUDE AREA CODE

513-933-9069

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input checked="" type="checkbox"/> 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/> 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER UJ909546	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <input type="checkbox"/>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
OFFENSE CHARGED 333.03	(<input checked="" type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 069192	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>						

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Thomas, Douglas	DATE OF BIRTH 04/29/1967	AGE 48	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP

6649 Smith Rd Loveland OH 45140

CONTACT PHONE- INCLUDE AREA CODE

513-207-2472

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input checked="" type="checkbox"/> 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/> 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER TN807587	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <input type="checkbox"/>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>							

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 03	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP

CONTACT PHONE- INCLUDE AREA CODE

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER 04	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP

CONTACT PHONE- INCLUDE AREA CODE

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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